

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

83175

## 1. PLACE OF DEATH

County

St. Marys

Village or City

Laurel Grove

No.

Registration Dist. No.

284

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

James Elliott Barber

(a) Residence: No.

Laurel Grove

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cauc.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 14, 1932

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

7

17

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.

none

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hollywood  
Laurel Grove  
St Marys Co Md

13. NAME

Elliott Barber

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Margaret Elizabeth Thomas

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Sarah Thomas  
Laurel Grove Md

18. BURIAL, CREMATION, OR REMOVAL

Place

St Josephs Church Date April 7, 1933

19. UNDERTAKER

(Address)

E. R. Johnson  
Mechanicville

20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March

5

1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 5<sup>th</sup>, 1933, to March 5<sup>th</sup>, 1933I last saw him alive on March 5<sup>th</sup>, 1933; death is said

to have occurred on the date stated above, at 10 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Broncho pneumonia

Date of onset

March 3

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes

If so, specify

(Signed)

Sam J. Johnson

M. D.

(Address)

Charlotte Hall

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See birth certificate for change in date of birth: 21

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03176

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 286  
 Village or City Palmers md No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

William Dent Bond  
 (a) Residence: No. Palmers md St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                    |  |
|--|------------------------------------|--|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u>        |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>wife dead</u>                  |                                    |  |
| 6. DATE OF BIRTH (month, day, and year) <u>May 18-1861</u>   |                                    |  |
| 7. AGE<br>Years <u>71</u>  | Months <u>9</u>                    | Days <u>22</u><br>If LESS than 1 day, _____ hrs. or _____ min.                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>none</u> |                                    | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year)  |                                    | 11. Total time (years) spent in this occupation                                    |
| 12. BIRTHPLACE (city or town) _____<br>(State or country) <u>Maryland</u>                                  |                                    |  |
| 13. NAME <u>John Henry Bond</u>  |                                    |  |
| 14. BIRTHPLACE (city or town) _____<br>(State or country) <u>Maryland</u>                                  |                                    |  |
| 15. MAIDEN NAME <u>Josephine Wilson</u>  |                                    |  |
| 16. BIRTHPLACE (city or town) _____<br>(State or country) <u>Maryland</u>                                  |                                    |  |
| 17. INFORMANT <u>Mary Maddox</u><br>(Address) <u>Palmers md</u>  |                                    |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>All Saints Cemetery</u> Date <u>March 10, 1933</u>           |                                    |  |
| 19. UNDERTAKER <u>A. C. Welch</u><br>(Address) <u>Choptice md</u>  |                                    |  |
| 20. FILED <u>3-8-33</u> <u>R. V. Palmer</u><br>Registrar.  |                                    |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 8, 1933  
 (Month) (Day) (Year)  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to March 8, 1933.  
 I last saw him alive on March 7, 1933; death is said to have occurred on the date stated above, at 7 a. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Chronic interstitial nephritis ?  
 Date of onset ?  
 Other Contributory Causes of Importance:  
Chronic myocarditis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinary Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or Injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Alapine C. Welch M. D.  
 (Address) Choptice md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure, asphyxia, asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03177

## 1. PLACE OF DEATH

County

St. Mary's

Village or City

Mechanicsville

Registration Dist. No.

283

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

10 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Owen M. Boone

Mechanicsville

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 1 - 1874

7. AGE

Years

Months

Days

If LESS than

59

1

29

1 day, or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

In army 8 years

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

Mar. 30, 1933

11. Total time (years) spent in this occupation

10 years

12. BIRTHPLACE (city or town)

Chestertown

(State or country)

Md.

13. NAME

John H. Boone

14. BIRTHPLACE (city or town)

Easton

(State or country)

Md.

15. MAIDEN NAME

Elizabeth A. Turner

16. BIRTHPLACE (city or town)

Middleton

(State or country)

Del.

17. INFORMANT

(Address)

George M. Boone  
Baltimore County

18. BURIAL, CREMATION, OR REMOVAL

Place

Chestertown

Date

April 1, 1933

19. UNDERTAKER

(Address)

Elmer B. Dabner  
Mechanicsville

20. FILED

March 30, 1933

A. B. Johnson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March

30

1933

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from

Mar. 26

1933

to Mar. 30

1933

I last saw him alive on

Mar. 20

1933

; death is said

to have occurred on the date stated above, at

8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

3/29/33

Other Contributory Causes of importance:

arteriosclerosis

1926

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

A. B. Johnson

M. D.

(Address)

Baltimore, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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03178

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 281

1 PLACE OF DEATH

County

St. Mary's

Village or City

Valley Lee (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Mary Evelyn Briscoe

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

March 30, 1933  
(Month) (Day) (Year)

7 AGE

Stillborn yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. or \_\_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

St. Mary's G. Md.

10 NAME OF FATHER

John Bellin Briscoe

11 BIRTHPLACE OF FATHER

(State or country)

St. Mary's G. Md.

12 MAIDEN NAME OF MOTHER

Ida Janett Sanders

13 BIRTHPLACE OF MOTHER

(State or country)

St. Mary's G. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Gladys Bennett

(Address)

Valley Lee Md.

15

Filed Mar. 31, 1923 Harrison Hobbs

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 30, 1933  
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended the deceased from

192 \_\_\_\_\_ to \_\_\_\_\_, 192 \_\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 192 \_\_\_\_\_

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Stillborn

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed)

Harrison Hobbs M. D.

Mar. 31, 1933 (Address) Valley Lee, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

St. Marks

Mar. 31, 1933

20 UNDERTAKER

ADDRESS

Peter Briscoe

Valley Lee

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

RECORD

WRITE MAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., . . . . . pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Hæmiplegia," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1907  
BUREAU V. 2



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03179

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place19. UNDERTAKER  
(Address)

20. FILED

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

Mar 18, 1933, to Mar 22, 1933

I last saw him alive on Mar 21, 1933 death is said

to have occurred on the date stated above, at 4 4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset |
|---------------------------------------|---------------|
| <i>Arteriosclerosis</i>               | 1915          |
| <i>Chronic interstitial nephritis</i> | 1921          |
| <i>Cerebral hemorrhage</i>            | July 5, 1927  |

Other contributory causes of importance:

|                   |             |
|-------------------|-------------|
| <i>Gallstones</i> | May 1, 1923 |
|-------------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset |
|-------------------------------|---------------|
| <i>Attack of epilepsy</i>     | 1 week ago    |
| <i>Run over by street car</i> | 1 week ago    |
| <i>Peritonitis</i>            | 3 days ago    |

Other contributory causes of importance:

|                        |        |
|------------------------|--------|
| <i>Gastroenteritis</i> | 1 year |
|------------------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03180

## 1. PLACE OF DEATH

County St MarysVillage or City Pearson

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Laura Rebecca Coates

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Black

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Oct 12, 1914

## 7. AGE

Years

Months

Days

If LESS than  
1 day, 0 hrs.  
or 0 min.18519

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Maryland

## FATHER

## 13. NAME

Charles J Coates14. BIRTHPLACE (city or town)  
(State or country)Maryland

## MOTHER

## 15. MAIDEN NAME

Julia V Washington16. BIRTHPLACE (city or town)  
(State or country)Maryland

## 17. INFORMANT

(Address)

Julia Coates  
Pearson Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Date

St Nicholas Church April 2, 1933

## 19. UNDERTAKER

(Address)

Thomas Hargis  
Hymanville Md

## 20. FILED

Date

April 1, 1933 W. B. Smith  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar 31  
(Month) (Day)1933  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Mar 24, 1933, to Mar 31, 1933I last saw him alive on Mar 31, 1933; death is saidto have occurred on the date stated above, at 10 P m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Postpartum Eclampsia

Date of onset

3/24/33

Other Contributory Causes of Importance:

Nephritis?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M. D.

(Address)

W. B. Smith  
Local Registrar

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified--Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| 1 PLACE OF DEATH   |   |  | STATE OF MARYLAND<br>CERTIFICATE OF DEATH  |                  | 03181  |
|--|---|--|--|------------------|--|
| County <u>St Mary</u>  |   |  | Registration Dist. No. <u>284</u>  |                  |  |
| Village or City <u>Mechanic</u> (No. <u>    </u> )   |   |  | St. <u>    </u>  | Ward <u>    </u> | (If death occurred in a hospital or institution, give its NAME 1. - instead of street and number.) |
| 2 FULL NAME <u>James Bourne</u>  |   |  |  |                  |  |
| PERSONAL AND STATISTICAL PARTICULARS   |   |  |  |                  |  |
| 3 SEX<br><u>Male</u>   | 4 COLOR OR RACE<br><u>Colored</u>                             | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word) <u>Single</u>                | 16 DATE OF DEATH <u>March 5, 1923</u>  |                  |  |
| 6 DATE OF BIRTH <u>May 2, 1897</u><br>(Month) (Day) (Year)   |   |  | 17 I HEREBY CERTIFY, That I attended the deceased from <u>January 1923</u> to <u>March 5, 1923</u><br>that I last saw him alive on <u>March 1, 1923</u><br>and that death occurred on the date stated above, at <u>4 P.M.</u><br>The CAUSE OF DEATH * was as follows: <u>Pneumonia</u> |                  |  |
| 7 AGE <u>25</u> yrs. <u>9</u> mos. <u>27</u> ds. If LESS than 1 day ____ hrs. or ____ min.?  |   |  | Contributory Secondary <u>Malinger</u>   |                  |  |
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work <u>Laborer</u><br>(b) General nature of industry business, or establishment in which employed or (employer) <u>    </u> |   |  | (Duration) ____ yrs. ____ mos. ____ ds.  |                  |  |
| 9 BIRTHPLACE (State or country) <u>St Marys Co</u>   |   |  | (Signed) <u>John Lynch</u> M. D.<br>192 ____ (Address) <u>W. D. D.</u>   |                  |  |
| PARENTS  | 10 NAME OF FATHER <u>St Marys</u>                             |  | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  |                  |  |
|  | 11 BIRTHPLACE OF FATHER (State or country) <u>Ben. Bourne</u> |  | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)   |                  |  |
|  | 12 MAIDEN NAME OF MOTHER <u>Lindy</u>                         |  | At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.   |                  |  |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Me.</u>  |   | Where was disease contracted, if not at place of death? ____                             |  |                  |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |   |  |  |                  |  |
| (Informant) <u>E. R. Jarboe</u>  |   | Former or usual residence ____   |  |                  |  |
| (Address) <u>Mechanicville</u>   |   | 19 PLACE OF BURIAL OR REMOVAL <u>St John's C. Church</u> DATE OF BURIAL <u>3/7, 1923</u> |  |                  |  |
| 15 Filed <u>3/6</u> 192 <u>3</u> <u>Leon Johnson</u> Registrar   |   | 20 UNDERTAKER <u>E. R. Jarboe</u> ADDRESS <u>Mechanicville</u>                           |  |                  |  |



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal Fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1933

BUREAU

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03182

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 284  
 Village or City New Mechanicsville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Infant Cooper Streeton  
 (a) Residence: No. New Mechanicsville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>Col.</u>              | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>—</u> |
| 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____                                      |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>March 30 - 1933</u>  |  |   |
| 7. AGE<br>Years _____ Months _____ Days _____   | If LESS than 1 day, _____ hrs. or _____ min. |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |   |
| 10. Date deceased last worked at this occupation (month and year) _____                                 |  | 11. Total time (years) spent in this occupation _____                 |
| 12. BIRTHPLACE (city or town) <u>St. Marys Co. Md.</u><br>(State or country)                            |  |   |
| 13. NAME <u>Georgia Samuel Cooper</u>   |  |   |
| 14. BIRTHPLACE (city or town) <u>St. Marys Co. Md.</u><br>(State or country)                            |  |   |
| 15. MAIDEN NAME <u>Mary Lavinia Shorter</u>   |  |   |
| 16. BIRTHPLACE (city or town) <u>St. Marys Co. Md.</u><br>(State or country)                            |  |   |
| 17. INFORMANT <u>Mary Lavinia Cooper</u><br>(Address) <u>Mechanicsville</u>                             |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St. Joseph's Church</u> Date <u>3/31</u> , 19 <u>33</u>   |  |   |
| 19. UNDERTAKER <u>Edmund Johnson</u><br>(Address) _____   |  |   |
| 20. FILED <u>3/30</u> , 19 <u>33</u> <u>Lem J. Seelmon</u><br>Registrar                                 |  |   |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 30, 1933  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

3/30, 1933, to 3/30, 1933

I last saw him alive on Streeton, 1933; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Mother died and  
Baby has been dead  
last day or two weeks  
Could get no examining cause

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fit in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Lem J. Seelmon M. D.

(Address) Capitol Hill

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03183

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286  
 Village or City Maddox No. und St. und Ward und  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U.S. if of foreign birth? yrs. und mos. und ds. und

## 2. FULL NAME

Mary Madeline Countess  
 (a) Residence: No. Maddox Md St. und Ward. und  
 (Usual place of abode)  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of und

6. DATE OF BIRTH (month, day, and year) 10-15-31  
 7. AGE Years 1 Months 5 Days 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. und  
 10. Date deceased last worked at this occupation (month and year) und 11. Total time (years) spent in this occupation und

12. BIRTHPLACE (city or town) Maddox Md  
 (State or country)

13. NAME Bryan Countess  
 14. BIRTHPLACE (city or town) Chaplin Md  
 (State or country)

15. MAIDEN NAME Mayrille Parr  
 16. BIRTHPLACE (city or town) Maddox Md  
 (State or country)

17. INFORMANT Fluence Parr  
 (Address) Maddox Md

18. BURIAL, CREMATION, OR REMOVAL  
 Place Sacred Heart Date 3-25-1933

19. UNOERTAKER Marshall Burr  
 (Address) Maddox Md

20. FILED 3-24-1933 R. V. Palmer  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

3 23 1933  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1933 to 3-23-1933

I last saw him alive on 3-18-1933; death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic bronchitis  
No diarrhoea, vomiting, probably partial intestinal obstruction. Q. & R.

Date of onset 1-1-33

Other Contributory Causes of importance:

Gastritis  
inability to retain nourishment

Name of operation No surgery taken Date of und

What last confirmed diagnosis? und Was there an autopsy? und

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? und Date of Injury und, 19und

Where did injury occur? und  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury und

Nature of injury und

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. V. Palmer M. D.  
 (Address) und Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

03184

## 1. PLACE OF DEATH

County H. HarisRegistration Dist. No. 282Village or City Leonardtown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

Alexander P. Hill

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMary Sheriff Hill  
1862

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, — hrs.  
or — min.7117/12unknown

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Clerk9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.U. S. Post Office10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Prince Georges Ind

FATHER

13. NAME

unknown14. BIRTHPLACE (city or town)  
(State or country)unknown

MOTHER

15. MAIDEN NAME

unknown16. BIRTHPLACE (city or town)  
(State or country)unknown17. INFORMANT  
(Address)Wm. Hellen, Leonardtown

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington, D.C.  
May 18, 193319. UNDERTAKER  
(Address)Francis Gasch's Sons  
Bladensburg, Md.

20. FILED

19

33  
Greenwell

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar161933

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from  
Aug 17, 1917, to Mar 14, 1933I last saw him alive on Mar 12, 1933; death is said  
to have occurred on the date stated above, at 12:15 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Tuber sclerosis

Date of onset

18/12

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. F. Greenwell

M. O.

(Address)

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

03185

## 1. PLACE OF DEATH

County

St. Marys

Village or City

Great Mills

No.

Registration Dist. No.

287

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

4

yrs.

mos.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Joseph G McKay

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Viola H McKay

6. DATE OF BIRTH (month, day, and year)

Jan 1, 1906

7. AGE

Years

27

Months

3

Days

23

II LESS than

1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Harmon

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Mar 1933

11. Total time (years)  
spent in this  
occupation

10

12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Md.

FATHER

13. NAME

Ford McKay

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Agnes Gardiner

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT  
(Address)Viola H McKay  
Great Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Face Cemetery

Date

Mar 26 1933

19. UNDERTAKER  
(Address)Wm C. Myttinger  
Baltimore Md

20. FILED

Mar 25 1933

J. J. [Signature]  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 24, 1933  
(Month) (Day) (Year)

22.

I HEREBY CERTIFY That I attended deceased from  
March 1, 1930, to March 24, 1933

I last saw him alive on

Mar 23, 1933

death is said

to have occurred on the date stated above, at 5 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hypertrophic Carcinoma  
of liver

Date of onset

1930

Other Contributory Causes of Importance:

Central tumor; benign; of  
one year's duration.  
G. J. G.

1933

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J. J. [Signature]  
Great Mills, Md

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

03186

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286  
 Village or City Miles No. md St.  Ward   
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 57 yrs. 2 mos. 15 ds. How long in U.S. if of foreign birth?  yrs.  mos.  ds.

## 2. FULL NAME

(a) Residence: No. Miles St.  Ward.   
 (Usual place of abode)  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |
|--|--|---|
| 3. SEX<br><u>m</u>   | 4. COLOR OR RACE<br><u>wh</u>                    | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Robert Paul</u>                         |  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>12-16-1876</u>  |  |   |
| 7. AGE<br>Years <u>57</u><br>Months <u>2</u><br>Days <u>15</u>   | If LESS than 1 day, <u></u> hrs. or <u></u> min. |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>Farming</u> |  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>                 |  |   |
| 10. Date deceased last worked at this occupation (month and year) <u>2-33</u>                              |  | 11. Total time (years) spent in this occupation <u>40</u>                   |
| 12. BIRTHPLACE (city or town) <u>Wash</u><br>(State or country) <u>DC</u>                                  |  |   |
| 13. NAME <u>Paul Paul</u>  |  |   |
| 14. BIRTHPLACE (city or town) <u>Wash</u><br>(State or country) <u>DC</u>                                  |  |   |
| 15. MAIDEN NAME <u>Sarah Carter</u>  |  |   |
| 16. BIRTHPLACE (city or town) <u>Wash</u><br>(State or country) <u>DC</u>                                  |  |   |
| 17. INFORMANT <u>John Clement</u><br>(Address) <u>Baltimore Md</u>   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Sacred Heart</u> Date <u>Mar 4, 1933</u>                     |  |   |
| 19. UNDERTAKER <u>See John Hally</u><br>(Address) <u>Wash DC</u>   |  |   |
| 20. FILED <u>2-3-33</u> <u>R. V. Palmer</u><br>Registrar.  |  |   |

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

3 (Month) 3 (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-21-, 1933, to 2-3-, 1933

I last saw him alive on 3-2-, 1933; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral apoplexy Date of onset 2-1-33

Other Contributory Cause of Importance:

Stitch wound

Name of operation  Date of   
 What test confirmed diagnosis?  Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury , 19

Where did injury occur?  (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert V. Palmer M. D.  
 (Address) Baltimore Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH. 03187

## 1. PLACE OF DEATH

County St. Marys  
Village or City Hollywood

Registration Dist. No. 287

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Sallie J. Smith

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josh Smith

6. DATE OF BIRTH (month, day, and year) Jan 8, 1855

7. AGE Years 78 Months 2 Days 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Feb 1933 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Hollywood (State or country) Maryland

13. NAME James Morris

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sallie James

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT J. H. Mattingly (Address) Hollywood, Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cemetery Date Mar 20, 1933

19. UNDERTAKER Wm C Mattingly (Address) Baltimore, Md

20. FILED Mar 19, 1933 P. J. Gorman Registrar

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

March 19, 1933  
(Month) (Day) (Year)

### 22. I HEREBY CERTIFY, That I attended deceased from

Jan, 1931 to Mar 19, 1933

I last saw him alive on Mar 17, 1933; death is said

to have occurred on the date stated above, at 8 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Carcinoma of Uterus

Date of onset

1928

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) Pratt Mills, Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03188

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 286  
 Village or City Thurmont Md. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 45 yrs. 9 mos. 21 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary Magdalene Summerville  
 (a) Residence: No. 145 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                |   |
|---|--------------------------------|---|
| 3. SEX<br><u>female</u>   | 4. COLOR OR RACE<br><u>col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>unmarried</u> |
| 5e. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>William Summerville</u>                      |                                |   |
| 6. DATE OF BIRTH (month, day, and year) <u>6-10-1884</u>  |                                |   |
| 7. AGE<br><u>48</u>   | Years<br><u>9</u>              | Months<br><u>21</u>   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housewife</u> |                                | 11. Total time (years) spent in this occupation <u>26</u>                     |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                              |                                |   |
| 10. Date deceased last worked at this occupation (month and year) <u>3-33</u>                                   |                                |   |

12. BIRTHPLACE (city or town) Thurmont Md.  
 (State or country)

13. NAME Lowmishend (Miss)  
 14. BIRTHPLACE (city or town) Thurmont Md.  
 (State or country)

15. MAIDEN NAME Sellen Thomas  
 16. BIRTHPLACE (city or town) Thurmont Md.  
 (State or country)

17. INFORMANT William Summerville  
 (Address) Thurmont Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Sacred Heart Date 4-3-1933

19. UNDERTAKER A. E. Welch  
 (Address) Chapin Road

20. FILED 3-31-1933 H. V. Palmer  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

3 31 1933  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-31-1933 to 3-31-1933

I last saw him alive on 3-21-1933; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral aneurysm  
sudden

Date of onset  
3-31-33

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. M. V. Palmer M. D.

(Address) Thurmont Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

V. S. No. 1

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

03189

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, --- hrs.  
or --- min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

3/10

1933

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

1933 (Year)

22.

I HEREBY CERTIFY, That ~~deceased~~ ~~from~~

, 19

, to

, 19

I last saw him

alive on

, 19

to have occurred on the date stated above, at --- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN